



Compound and Online Pharmacy

Consent form

For your convenience Healing Hearts Emergency Animal Hospital can offer refill prescriptions and compounding medication through our relationship with Covetrus and RoadRunner Pharmacy. In order to set up a relationship for your pet's medication we will need your permission to release the information below to Covetrus and RoadRunner Pharmacy. By filling out and signing this document, you allow Healing Hearts Emergency Animal Hospital to release your information to Covetrus and RoadRunner Pharmacy. _____ (Initial)

Owner's Name: _____

Owner's DOB: _____ Driver's License/State ID: _____ Expiration date: _____

Address: _____ City: _____

APT/unit: _____ State: _____ Zip Code: _____

Primary phone #: _____ Secondary phone #: _____

Cellphone #: _____ Email: _____

Pet Name: _____ Species: _____ Breed: _____

Age: _____ **Gender (Pick one):** Male, Female, Neutered or Spayed

Owner's Name (Print)

Owner's signature

Date

All information is for confidential use by Healing Hearts Emergency Animal Hospital, Covetrus and RoadRunner Pharmacy only. This information will not be sold or reused. Thank you, Healing Hearts Emergency Animal Hospital Management.